

**GLENVIEW PARK DISTRICT
PARK CENTER PRESCHOOL
CONTACT INFORMATION AND PARENT/GUARDIAN AGREEMENTS FORM**

Participant's Name	M/F	Birth Date	SPECIAL MEDICAL NEEDS (Allergies/Medications)

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

Parent/Guardian Name 1
Home Address Zip
Phone #1
Phone #2
Relationship to Child

Parent/Guardian Name 2
Address Zip
Phone #1
Phone #2
Relationship to Child

PERSONS AUTHORIZED TO PICK UP

EMERGENCY CONTACTS

Your child will ONLY be released to listed person(s) below. Use back for additional names. If a new name needs to be added please see the Preschool Director to add names to this form.

Primary List

Name Relationship to Child
Address Zip Phone
Name Relationship to Child
Address Zip Phone
Name Relationship to Child
Address Zip Phone
Name Relationship to Child
Address Zip Phone

***List 2 local contacts other than parent/guardian to be contacted in an emergency**

Name Relationship to Child
Address Zip Phone
Name Relationship to Child
Address Zip Phone
Name Relationship to Child
Address Zip Phone
Name Relationship to Child
Address Zip Phone

***Don't forget to list Nannies and babysitters!**

Is anyone prohibited from picking up your child? If yes, whom?

PARENT/GUARDIAN AGREEMENTS

Sign In & Out
I understand that a child in Park Center Preschool may not arrive or leave the classroom unescorted, and may not sign themselves in or out. Anyone picking up a child will be asked for photo ID which will be matched against the child's authorized pick up list.

Late Pick Up
I understand my child must be picked up daily by the assigned dismissal time or they will be charged in accordance with the late pick up policy.

Emergency Medical Attention
If emergency medical attention is needed for my child, Park Center Preschool will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize the Glenview Park District to call an ambulance to transport my child for medical treatment to the closest hospital and medical facility. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

SIGNATURE:		
	Parent/Guardian	Date